

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ORIGINAL

11
 See Attached #1 **CV 16 - 00725**
 (In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the
 Civil Rights Act, 42 U.S.C. § 1983
 (Prisoner Complaint)

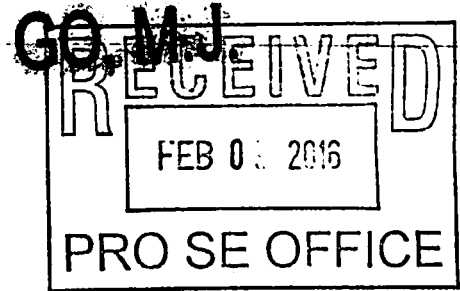
-against-

New York City Dept of Correction

(CO) Simpson Shield # 9495
 (Deputy) Espada Shield #
 (Capt) Figueroa Shield # 1473
 (CO) Searchwell Shield # 15695
 (CO) Mitchell Shield # 9627

Jury Trial: ☐ Yes ☒ No
 (check one)

VITALIANO, J.



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Donald R Lee - Edmunds
 ID # 5101500105
 Current Institution Rikers Island OBCC
 Address 1600 Hazen Street
EAST, ELmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name (CO) Simpson Shield # 9495
 Where Currently Employed Rikers Island OBCC
 Address 1600 Hazen Street
EAST, ELmhurst, NY 11370

Attachment #1 Plaintiff(s).

Howard Newland.

ID# 11509409 NYSID# [REDACTED]

Rikers Island OBCC 1 Upper

1600 Hazen Street

East Elmhurst, NY 11370

Shon Bruce

ID# 1411509999 NYSID# [REDACTED]

Rikers Island OBCC 1 Upper

1600 Hazen Street

East Elmhurst, NY 11370

OMAR Zander

ID# 4411505494 ID# [REDACTED]

Rikers Island OBCC 1 Upper

1600 Hazen Street

East Elmhurst, NY 11370

Bryant McCaskill

ID# 3491511495 NYSID# [REDACTED]

Rikers Island OBCC 1 Upper

East Elmhurst, NY 11370

Marcellin Hyman

ID# 5411502009 NYSID# [REDACTED]

Rikers Island OBCC 1 Upper

East Elmhurst, NY 11370

Defendant No. 2 Name (Dep) ESPADA Shield # _____
 Where Currently Employed Rikers Island OBCC
 Address 1600 HAZEN Street
EAST ELmhurst, NY 11220

Defendant No. 3 Name (Capt) Figueron Shield # 1473
 Where Currently Employed Rikers Island OBCC
 Address 1600 HAZEN Street
EAST ELmhurst, NY 11370

Defendant No. 4 Name (Co) Searchwell Shield # 15695
 Where Currently Employed Rikers Island OBCC
 Address 1600 HAZEN Street
EAST ELmhurst, NY 11370

Defendant No. 5 Name (Co) Mitchell Shield # 9627
 Where Currently Employed Rikers Island OBCC
 Address 1600 HAZEN Street

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
Rikers Island
Otis Bankum Correctional Center
- B. Where in the institution did the events giving rise to your claim(s) occur?
OBCC Mess Hall
- C. What date and approximate time did the events giving rise to your claim(s) occur?
11/24/2015 @ 12:15 - 12:30 pm
Lunch Period

Donald Lee Edwards
5101500105

D. Facts:

What happened to you?

I went to the lunch feeding. I usually eat kosher meal, there were no kosher meals delivered this day. I was told by (Capt Figueroa) to take a regular meal tray and she will call my housing area when the kosher meals arrive if I was still hungry.

Who did what?

As the regular tray arrived shortly after starting to eat the meal another detainee Mr. Jerry Wilson started to talk back and said "Here u Amuck in my food" he then got up and took the lunch tray with him showing the (Capt Figueroa) and the Deputy Captain (Det Espada).

Was anyone else involved?

Yes the entire house of 1 Upper was a witness and possibly had exposure to the mouse being in the food served.

Who else saw what happened?

(Captain) Figueroa Shield # 1473

(Deputy Captain) - Espada Shield #

(C.O.) Simpson Shield # 9495

(C.O.) Searchwell Shield # 15695

(C.O.) Mitchell Shield # 9627

And a video recording device mounted in the mess hall

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Vomiting Vaginal for 3 days

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

Donald Lee - Edward
5101500105

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island / OAS Bantyn Correctional Center
1600 Hazen Street East Rutherford NJ 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Rikers Island / OBCS
1600 Hazen Street East Rutherford NJ 11370

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

Donald Lee-Edward
818/500 105

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Administrative Remedies Not Available

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). 50,000.00 for pain and

Suffering, Additional Expenses of Comorbid Due to the
fact I cannot get on track Marshall Road Receipts
is needed. Additional financial stress on my family during
and since incident.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ✓

On
these
claims

Donald L. Edwards
5101500105

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of December, 2015.

Signature of Plaintiff

Inmate Number

Institution Address

Donald Lee Edwards
15101508105
1608 Hazen Street
EAST ELMHURST, NY 11370
OBCC

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of December, 2015, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Donald Lee Edwards

Bryant McKeithen
3441511495

D. Facts:

Attached Grievance form

Date 11/24/2015

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Stomach ache afraid to eat in the mess hall

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

Bryan McGaskill
349-151495

Attachment B

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

Inmate's Name: <u>Bryan McGaskill</u>	Book & Case #: <u>349 151 1495</u>	NYSID # (optional): <u>[REDACTED]</u>	
Facility: <u>OTIS Bantam Correctional Center</u>	Housing Area: <u>1 upper</u>	Date of Incident: <u>11/24/2015</u>	Date Submitted: <u>11/24/2015</u>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGAP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

Between 12:00-1:00pm the 2nd Chow a mouse was found in Dethware Jerry Wilson tray of food who was sitting who was sitting directly across from in the mess hall i.e. in the beans and rice, I notice in my tray what appeared to mouse feces. After I ate my food, our entire housing unit 1 upper are witnesses also Deputy Espada, C.O. Simpson, C.O. Mitchell, C.O. Searchwell and Captain Figueroa and Mess hall workers.

Action Requested by Inmate:

Want the health department of the city of NYC to inspect and seek medical attention immediately

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

Bryan McGaskill

Date of Signature:

11/24/2015

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Page 3

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of December 2015

Signature of Plaintiff

Inmate Number

Institution Address

Bryant McLaughlin
349.1511495 Henry unit
1600 Hazen Street 1-Upper
OTIS Bantam Correctional Center
EAST ELMHURST, N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of December, 2015, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Bryant McLaughlin

D. Facts: I was denied the usual kosher meal because it hadn't yet arrive at the facility. While consuming a ~~regular~~ regular meal, an inmate who was 3 people ahead of me on line took a spoon of food and immediately realized that there was an entire mouse within his food.

What happened to you?

Who did what?

Was anyone else involved?

Inmate stood up and spat out his food while holding the remains for the feeding captain to view. At this time I became nauseated and attempted to induce vomiting to regurgitate my latest ingested food.

Yes! There were quite a few inmates involved, all of which had been on the same line within 6 to 8 servings of that served to the initial inmate.

Who else saw what happened?

The number of persons witnessing said incident increased from the number involved because although there are two feeding lines, the house as a whole is seated together (10): Halal and Regular. So there were at least

III. Injuries: 10 to 15 witnesses

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I refused the food from that day forward and as to where I am entitled to 3 meals daily, it now cost me to eat every day via my commissary purchases. Following the incident I experienced immediate and ongoing nausea and almost 24 hours of vomiting

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

Marcello A. Hyman
5411502009

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

OTIS BANTLEM CORRECTIONAL CENTER
O.B.C.C. Rikers Island 16-16-AZON ST. E. ELMHURST, NY.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

O.B.C.C. Grievance procedure

1. Which claim(s) in this complaint did you grieve? Vermin in institution

feeding, cost of MEAT absent mess hall food.

2. What was the result, if any? NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Submitted grievance a second time
(NO response)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

There was no direct response from the first nor second grievance filed.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). 45,000 - 60k

I would like to be considered for compensation of my grief and suffering as well as the cost of feeding myself via commissary shopping, ~~and~~

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

2nd Attempt

Attachment B

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>HYMAN, Marcellin</u>	Book & Case #: <u>541-15-02009</u>	NYSID # (optional): <u>[REDACTED]</u>	
Facility: <u>O.B.C.C.</u>	Housing Area: <u>1 upper</u>	Date of Incident: <u>11-24-15</u>	Date Submitted: <u>11-25-15</u>

12-15-2a

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request of Grievance:

Upon arriving at the mess hall on the day of the 24th, I was informed that the Kosher meal that I normally eat, hadn't been delivered to the facility yet. I was offered a regular GP meal. Half way through consumption of the meal, an inmate (later identified as Jerry Wilson), who was three spots in front of me on line, sprung from his seat still spewing the remains of what was found to be a dead mouse.

Action Requested by Inmate

I would like to inform necessary agencies and or departments in hopes that department of health and D.O.C. upgrade and or oversee the health status and or conditions within this building.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

Marcellin Hyman

Date of Signature:

11/25/2015

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ___ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3rd day of December, 2015

Signature of Plaintiff

Inmate Number

Institution Address

Marcell Hyman
5411502009
OBCC 1600 HAZEN ST
EAST EIMHURST, N.Y.
11370
NY STD # 07965813P

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 3rd day of December, 2015 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Marcell Hyman

Omar Zanders
441-1505494

D. Facts: During lunch time feeding I Omar Zanders 4411505494 was consuming the messhall food when Inmate J. Wilson stated that it was a mouse in ~~his~~ his food. The whole I upper witness the mouse in the food

What happened to you?

Who did what?

Inmate J Wilson stated that it was a mouse in his food (#825150062)

Was anyone else involved?

"See Attached" *1

Who else saw what happened?

(Capt) Figueroa #1473
(CO) Searchwell #15695
(CO) Simpson #9495
(CO) Mitchell #9627
(Dept) Espada

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I have anxiety, panic attacks when it come time to go to feeding here in jail. I have to ask my family for more money to be able to afford commissary and that I can sustain my health

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

OMAR ZANDERS
441-1505494

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island Correctional / OBCC
1600 Hazen Street E. Elmhurst, NY - 11378

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

OBCC | 1600 Hazen Street E. Elmhurst, NY 11378

1. Which claim(s) in this complaint did you grieve?

"See Attached # 2"

2. What was the result, if any?

N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I tried contacting the Captain to see if some Delinquency call be made on a Resolution

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

OMAR ZANDERS
441-1505494

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). So, we want Paul to suffer
mental anguish

VI. Previous lawsuits:

On
these
claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No X

OMAR Benders
441-1565494

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ___ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of December, 2015

Signature of Plaintiff

Amir Zander

Inmate Number

441505441

Institution Address

1600 HAZEN street

Upper

East Elmhurst NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of December, 2015 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Amir Zander

6251500662-BIC

018469111-NYSID

D. Facts: At lunch between 12pm-1pm, Inmate J. Wilson found a mouse in his food. I've been diagnosed with a ~~phobia~~^{acrophobia} and I also have a phobia of mice. In addition after seeing the mouse partially devoured on his tray, I realized that the mouse was ^{chili} stewed in vegetarian chili and rice. I feel that my food was contaminated by the mouse as well. That affects everyone else ^{who} got served that food. I keep reliving the sight of that vermin on his tray. As a result, I refused to eat the food, and I have to spend a lot of my money to get commissary which I can't afford. I'm very skeptical that the food preparation and distribution is healthy or up to health Department Codes or Standards. Jerry Wilson then yelled out loud "There's a mouse in my food." He took his lunch tray and showed (Capt. Figueroa #1473) and (Deputy Capt. Espada) The whole 1 upper house was a witness and see Attached #1

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

Capt. Figueroa #1473

Deputy Capt. Espada #

C.O. Simpson # 9495

C.O. Searchwell # 15695

C.O. Mitchell # 9627

And a Video Recording Device was also in the Messhall

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island, OBCC, 1600 Hazen St. East Elmhurst N.Y. 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Rikers Island, OBCC, 1600 Hazen St. East Elmhurst, N.Y. 11370

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

~~Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.~~

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount) \$50,000.00 ~~Because I am~~ diagnosed with arachnophobia and fear of vermin. Additional
purchases of commissary receipts available upon request.
Suffering from stomach aches from eating mess hall food

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No X

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9th day of December, 2015.

Signature of Plaintiff



Inmate Number (B#) 1411509409-



Institution Address

1600 Hazen st

East Elmhurst N.Y.

11370

OBCC

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 9th day of December, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



Shon Bruce
1411509999

D. Facts:

What happened to you?

On 11/24/15 at around 12:30 pm, I went to Chow (Lunch) and in the Messhall, They were serving Rice and Chili Bean Soup. I took my Tray and Found Me a Seat at the Middle Table in the Messhall by the Windows.

Who did what?

In the Middle of the Lunch Period, A minute or two after I Sat down, I noticed a Detainee (Jerry Wilson from my house, 1 Upper) Standing up Showing that he had a mouse mixed inside of his food to (Capt. Figueroa and Dept Capt Espada)

Was anyone else involved?

Yes, We (One Upper) Witnessed the entire incident and there's a high chance that we all were exposed to mouse being in the food that was served that day.

Who else saw what happened?

(Captain) Figueroa: Shield # 1473
(Deputy Captain) Espada: Shield #
(C.O) Simpson: Shield # 9495
(C.O) Searchwell: Shield # 15695
(C.O) Mitchell: Shield # 9627
There's Also A Video Recording From The Messhall

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Im extremely anxious about eating food from the messhall prior to that experience on 11/24/15. I missed out on every meal after that incident.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

Shan Bruce
1411509999

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island / OTS Bantam Correctional Center
1600 Hazen Street, East Elmhurst NY . 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Rikers Island / OBCC, 1600 Hazen Street, East Elmhurst NY . 11370

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

Shon Bruce
1411509999

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Administrative Recourse is not available.

~~Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.~~

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). 45,000.00, I, Shon Bruce, suffer from anxiety, severe stomach aches and Starvation.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No /

On
these
claims

Shon Bruce
1411509199

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Shon Bruce
1411509999

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of December, 2015

Signature of Plaintiff

Shon Bruce

Inmate Number

1411509999

Institution Address

1600 Hazen Street
East Elmhurst NY 11370
OTIS Bantian Correctional
Center

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of December, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Shon Bruce